

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 565 OF 2285

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

314 Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Farnsworth, Jan, , ,

Mailing Address 5242 N Magnolia Ave

City
ChicagoState
ILZip Code
60640-2203FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : VNW44KRQW75

Amount of Each Receipt this Period

12.50

☐ Memo Item

* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ActBlue

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355432.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : VNW44KRQW75E

Amount of Each Receipt this Period

12.50

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Farr, Nooshin, , ,

Mailing Address 8360 Greensboro Dr

City

McLean

State

VA

Zip Code

22102-3511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UsacsOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2021

Transaction ID : VNW44KRADS2

Amount of Each Receipt this Period

10.00

☐ Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

22.50